2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 500115

1. Entity Name
REDDING PROPERTIES, INC.

Principal Place of Business
14201 SR 54
ODESSA, FL 33556

Mailing Address
3440 EAGLE NEST DR
HERNANDO BEACH, FL 34607

01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1673890 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional. Fee Required

6. Name and Address of Current Registered Agent

REDDING, CHARLES E.
14201 SR 54
ODESSA, FL 33556-0531

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000000857370
04/01/08-80001-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	REDDING, CHARLES E.
STREET ADDRESS	3340 EAGLE NEST DR
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	VPS
NAME	REDDING, ROSE MARY
STREET ADDRESS	3440 EAGLE NEST DR
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Mary Redding Rose M. Redding 3-11-08 352 597-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #